

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Reg. File No. 356 Primary Registration District No. 4521 Registrar's No. 85
FILED SEP 25 1962VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		c. CITY OR TOWN <u>Licking</u>	
Length of stay in 1b <u>18 da</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Texas C. Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>W. Hwy #32</u>	
3. NAME OF DECEASED (Type or print) First <u>ENOS</u> Middle <u>Sanford</u> Last <u>Sisk</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-1888</u>
9. AGE (last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (City and state or country) <u>Licking MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>David L. Sisk</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Williams</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>Alva Sisk - Licking MO</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHOPNEUMONIA, BILATERAL.</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9-1-62</u> , to <u>9-18-62</u> and last saw him alive on <u>9-18-62</u> . Death occurred at <u>11:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. J. D. Smith</u>		22b. ADDRESS <u>HOUSTON, MO</u>	
22c. DATE SIGNED <u>9-21-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-20-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Licking MO</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u>		25. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 2 1962

This body Embalmed by
Embert E Ferguson
No 3945
Licking Mo